

Attorney's Docket No. 1784.3008.001

**COMBINED DECLARATION AND POWER OF ATTORNEY**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,  
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**This declaration is of the following type: *(check one applicable item below)*

- ☒ original  
☐ design  
☐ supplemental

**NOTE:** If the declaration is for an international Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

☐ national stage of PCT

**NOTE:** If one of the follow 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional  
☐ continuation  
☐ continuation-in-part (CIP)

**INVENTORSHIP IDENTIFICATION**

**WARNING:** If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor *(if only one name is listed below)* or an original, first and joint inventor *(if plural names are listed below)* of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

**CENTRAL RELEASE DEVICE FOR A HYDRAULIC**  
**CLUTCH ACTUATION SYSTEM**

**SPECIFICATION IDENTIFICATION**

the specification of which: (complete (a), (b) or (c))

- (a) ☒ is attached hereto.  
 (b) ☐ was filed on \_\_\_\_\_ as U.S. Serial No. \_\_\_\_\_ or  
☐ Express Mail No. \_\_\_\_\_ as Serial No. not yet known \_\_\_\_\_ and was amended on  
 (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

(c)    was described and claimed in PCT International Application No.            filed on            and as amended under PCT Article 19 on                            (if any).

### ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information

  X   which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations: § 1.56.

(also check the following items, if desired)

  X   and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and  
       In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

### PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

*(complete (d) or (e))*

(d)        no such applications have been filed.

(e)   X   such applications have been filed as follows

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

**A. PRIOR FOREIGN/PCT APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION AND ANY PRIORITY  
CLAIMS UNDER 35 U.S.C. § 119**

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIM UNDER 35 USC 119
DE	10314864.7	2 April 2003	Yes

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

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POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

E.J. Biskup	18,987	E.T. Jones	40,037
R.C. Collins	27,430	J.F. Learman	17,069
P.J. Ethington	17,299	J.K. McCulloch	17,452
J.C. Evans	20,124	J.P. Moran	20,941
R.L. Farris	25,122	S.L. Permut	28,388
W.H. Francis	25,335	M.J. Schmidt	43,904
F.J. Fodale	20,824	W.J. Schramm	24,795
W.H. Griffith	16,706	R.L. Stearns	36,937
A.M. Grove	39,697	J.D. Stevens	35,691
D.A. Burns	46,238	W.J. Waugaman	20,304
		C.R. White	20,494

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:  
(Name and telephone number)

Steven L. Permut  
Reising, Ethington, Barnes,  
Kisselle, P.C.  
P.O. Box 4390  
Troy, MI 48099-4390

Steven L. Permut  
(248) 689-3500

## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

Full name of sole or first inventor

<b>Ruthart</b>		<b>Braun</b>
Given Name	Middle Initial or Name	Family (or Last) Name

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Country of Citizenship: **Germany**

Residence: **Stadtlauringen**

Post Office Address: **Nonnensee 24  
97488 Stadtlauringen  
Germany**

Full name of second joint inventor, if any

<b>Stefan</b>		<b>Gebert</b>
Given Name	Middle Initial or Name	Family (or Last) Name

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Country of Citizenship: **Germany**

Residence: **Gestungshausen**

Post Office Address: **Am Teich 1  
96242 Gestungshausen  
Germany**

Full name of third joint inventor, if any

<b>Elmar</b>		<b>Kuhn</b>
Given Name	Middle Initial or Name	Family (or Last) Name

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Country of Citizenship: **Germany**

Residence: **Pfarrweisach**

Post Office Address: **Schulstrasse 7  
96176 Pfarrweisach  
Germany**

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED  
PAGE(S) WHICH FORM A PART OF THIS DECLARATION

☒ Signature for fifth and subsequent joint inventors.  
Number of pages added

☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.  
Number of pages added

☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47.  
Number of pages added

\* \* \*

☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.  
Number of pages added

\* \* \*

☐ Authorization of attorney(s) to accept and follow instructions from representative.

\* \* \*

**If no further pages form a part of this Declaration then end this Declaration with this page  
and check the following item**

☐ **This declaration ends with this page.**

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 6 of 7

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JAN		GNYP	
Inventor's Signature		Date	
EBERN Residence: City	State	GERMANY Country	GERMAN Citizenship
WICHERNWEG 15 Mailing Address			
Mailing Address			
EBERN City	State	96106 Zip	GERMANY Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOHANNES		BURKARD	
Inventor's Signature		Date	
KONIGSBERG Residence: City	State	GERMANY Country	GERMAN Citizenship
SCHEUBENWEG 3 Mailing Address			
Mailing Address			
KONIGSBERG City	State	97486 Zip	GERMANY Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED  
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